MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/540645

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2		✓						52						
3		✓						53						
4		✓						54						
5		✓						55						
6		✓						56						
7		✓						57						
8		✓						58						
9		✓						59						
10		✓						60						
11		✓						61						
12		✓						62						
13		✓						63						
14		✓						64						
15		✓						65						
16		✓						66						
17		✓						67						
18		✓						68						
19		✓						69						
20		✓						70						
21		✓						71						
22		✓						72						
23		✓						73						
24		✓						74						
25		✓						75						
26		✓						76						
27		✓						77						
28		✓						78						
29		✓						79						
30		✓						80						
31		✓						81						
32		✓						82						
33		✓						83						
34		✓						84						
35		✓						85						
36		✓						86						
37		✓						87						
38		✓						88						
39		✓						89						
40		✓						90						
41	✓							91						
42		✓						92						
43		✓						93						
44		✓						94						
45		✓						95						
46		✓						96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.	2?							TOTAL DEP.						
TOTAL CLAIMS	34							TOTAL CLAIMS						